

Registration Fees (Registrations are due by June 22, 2007)

				Day with Transportation
Junior Sports Camp		Residential**	Day	
Week 1	July 09 – 14	\$500	\$250	\$350*
Week 2	July 15 – 20	\$500	\$250	\$350*
Both Weeks	July 09 – 20	\$900 (Save \$100)	\$400 (Save \$100)	\$600* (Save \$100)

Extended Day Options

_____ Evening Activities (includes dinner and activities until 8:30pm. Camper must provide own transportation) - Additional \$15 per evening. # of evenings x \$15 = _____
_____ Single Overnight Rate - Additional \$50 per night. # of nights x \$50 = _____

Scholarships available based on need.

*Transportation to camp is available only for day campers upon request. See above listed prices.

**Prices include: room, board, special day trips and a t-shirt.

\$ _____ Amount Enclosed (***Checks payable to Far West Wheelchair Sports***)

A confirmation letter will be sent to registered participants detailing logistics of the week.

*****A current physical exam form is required for participation. Please complete this form along with enclosed medical forms and return by June 22, 2007 via mail or fax.***

I hereby grant permission for _____
to participate in the "Northern California Junior Sports Camp for the Physically Disabled" co-sponsored by the City of San Jose Department of Parks, Recreation & Neighborhood Services, Office of Therapeutic Services and Far West Wheelchair Athletic Association. I agree to hold harmless the City of San Jose employees, Far West Wheelchair Athletic Association and any sponsor from all liability for any injury that may arise from participation in this program. Also, I release the above named organizations and sponsors from any claims that may arise from the use of any photographs taken at camp.

Applicant's Signature: _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____

Parent/Guardian Name (please print): _____

Return completed form with check **by Fri, June 22, 2007** to: FWWS – JSC
3369 Union Ave.
San Jose, CA 95124

Please complete both sides...

Official Junior Sports Camp Registration Form

July 09-20, 2007

Name: _____ Hm Ph: (____) _____

Address: _____ Wk Ph: (____) _____

City: _____ Cell Ph: (____) _____

State: _____ Zip: _____ Email: _____

Age: _____ Gender: M F T-Shirts Size (Adult): (Circle One) S M L XL

Disability: _____

Wheelchair User: Yes No Power W/C Manual

Do you need special assistance? Yes No

If yes, explain

Please Circle Camper Choice: Residential Day Camp

Preferred Roommate: _____

☐ Please check here if you are requesting transportation & answer the following questions:

1. If non-ambulatory, can your child transfer in/out of wheelchair? _____
2. Address for pick-up and drop-off: _____
3. Major cross streets: _____
4. Contact #: _____

Please complete other side...



Parks, Recreation and
Neighborhood Services

